

INCAPACITATED ADULT INFORMATION FORM

COMMONWEALTH OF VIRGINIA

Court File No.: _____

[For appointment of guardian, conservator, committee, or trustee for ex-service person.]

Circuit Court of York County

1. Incapacitated person's full name: _____
2. Residence address: (street, city, state) _____
3. Date of birth: _____, _____ Place of birth: _____ ☐ Married ☐ Widowed ☐ Single ☐ Divorced
4. Qualification requested: ☐ guardian ☐ conservator ☐ limited conservator ☐ trustee for ex-service person ☐ committee ☐ standby guardian ☐ standby conservator.
5. Court's order entered on: _____, and recorded in Chancery Book _____, page _____
6. Name of person qualifying: _____
7. Day telephone: _____ Night telephone: _____
8. Residence address: _____
9. Mailing address, if different: _____
10. Name of other person qualifying: _____
11. Day telephone: _____ Night telephone: _____
12. Residence address: _____
13. Mailing address, if different: _____
14. Name of assisting attorney, if any: _____ Telephone _____
15. Attorney's mailing address: _____

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

_____ DATE	_____ PRINTED NAME OF REQUESTING PERSON	_____ SIGNATURE OF REQUESTING PERSON
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INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION

16. Have you ever been convicted of a felony? ☐ yes ☐ no.
17. Have you ever filed for bankruptcy? ☐ yes ☐ no.
18. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? ☐ yes ☐ no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)
19. The value of the incapacitated person's personal property (see instructions) is _____
The value of the incapacitated person's real estate (see instructions) is _____
The total value of the incapacitated person's entire estate (see instructions) is _____

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

_____ DATE	_____ PRINTED NAME OF PERSON SEEKING QUALIFICATION	_____ SIGNATURE
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